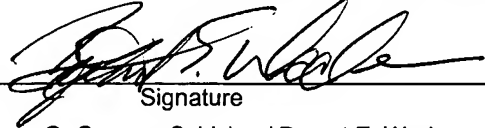


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|---|------------|--|
| REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 9319A-000704 |
| Application Number 10/789,941 | | Filed 02/27/2004 |
| For An Ultrasonic Motor, an Operating Apparatus, an Optical Apparatus and an Electric Instrument | | |
| Art Unit 2834 | | Examiner BUDD, Mark |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | Fee | Small Entity Fee |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$120 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0750</u> . I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,382 / 40,344</u> | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). | | |
| Registration number if acting under 37 CFR 1.34(a). _____ | | |
|  Signature | | January 18, 2006 Date |
| G. Gregory Schivley / Bryant E. Wade Typed or printed name | | 248-641-1600 Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> Total of _____ forms are submitted. | | |